

Hawai`i HIV/AIDS Community Planning Group ***Member Application Form***

Date:

Your Name:

Residential Address:

City/Town:

County of residence:

for how long?

ZIP:

Place of work, if any:

Position or Title, if any:

Home phone:

Work phone:

FAX:

E-mail:

Do you have regular access to a computer? YES_____ NO_____

Where do you prefer to be contacted? ☐ Home ☐ Work



→ Which one of the positions listed below are you applying for? (Check one that most represents YOU.)

There are three categories of positions:

- ☐ 1) for “people at risk for HIV”
- ☐ 2) for “consumers infected by HIV”
- ☐ 3) and for “providers” of HIV/AIDS services

Note: To apply for membership, you must be a member of one of these three categories, a former member, or a person currently working with that category/group.

I. People at risk for HIV:

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- ☐ A. MSM (men who have sex with men)
- ☐ B. IDU (*Injection drug user*) or MSM/IDU (*men who have sex with men and IDU*)
- ☐ C. Transgender at risk
- ☐ D. Women at risk
- ☐ E. Other population (*check all that apply*):
 - ☐ African American
 - ☐ Native Hawaiian
 - ☐ Mental health
 - ☐ Substance use
 - ☐ Commercial sex work
 - ☐ Homeless
- ☐ F. At-large (This can be any one of or a combination of the five above or other categories). If “at-large,” please explain:

II. Consumers of HIV/AIDS services (all must be HIV+ individuals):

- ☐ A. MSM
- ☐ B. IDU or MSM/IDU
- ☐ C. Transgender at risk
- ☐ D. Women at risk
- ☐ E. Other Population (*check all that apply*):
 - ☐ African American
 - ☐ Native Hawaiian
 - ☐ Mental Health
 - ☐ Substance use
 - ☐ Commercial sex work
 - ☐ Homeless
- ☐ F. At-large (This can be any one of or a combination of the five above or other categories.) If “at-large,” please explain:

III. Providers of HIV/AIDS Services:

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Providers of both HIV/AIDS prevention and care services will be represented on the prevention/care planning group. **Check the service below that most describes what you do:**

☐ Care case management
☐ Prevention case management
☐ Administration

☐ Mental health
☐ Prevention outreach
☐ Counseling and testing

☐ Syringe exchange
☐ Public health educator
☐ Substance use

☐ Medicaid Waiver Program
☐ Nutrition counseling
☐ Primary medical care

☐ Behavioral intervention
☐ Housing
☐ Legal advocacy

☐ Dental
☐ Pharmacy

☐ OTHER, please describe: _____

Providers only, please answer these three questions:

1) Which services do you personally provide that would qualify you as an HIV/AIDS provider?

2) What is your primary target population?
HIV+ persons who are homeless or at risk of becoming homeless

3) Do you provide care services, prevention services or both?

All applicants: please answer these questions:

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a.) Describe your experience or interest in HIV/AIDS, HIV prevention and/or care issues and community planning. (*Use back of page if needed.*)

b.) How would the Planning Group benefit from your membership?

c.) Are you aware of any problems in the delivery of HIV-AIDS care or prevention services? If “yes,” please describe:

c1.) How do you think these problems could be corrected?

d.) Why do you want to be a member of the prevention - care planning group?

The Hawai`i HIV/AIDS Prevention / Care Community Planning Group meets eight or nine times each year on O`ahu. Meetings take up most of the day with lunch provided. Transportation is provided for Neighbor Islanders.

→ If you are selected, could you attend these meetings? ☐ YES ☐ NO

Please provide this information:

Your Age:

Gender: Male _____ Female _____ Transgender _____

Your Ethnicity: _____ (for example: African American, Native Hawaiian, Asian, Latino/a, Pacific Islander, Caucasian, other.....)

The shaded sections below are optional. Feel free to answer all, none, or just the questions you feel comfortable answering. This information will be used to help determine the composition of the Planning Group to ensure that a variety of voices are heard and will be kept confidential.

Sexual Orientation: Heterosexual ☐ Bisexual ☐
Gay Male (MSM) ☐ Lesbian ☐ Other ☐ Explain:

HIV Status: ☐ Positive ☐ Negative ☐ Unknown

continued ...

Please return this application form to:

**Community Planning Coordinator
SAPB**

**3627 Kilauea Ave., #306
Honolulu, HI 96816**

Phone: 733-9010

FAX: 733-9015

Mahalo